

Department of Veterans Affairs Portland VA Medical Center

Direct Deposit Enrollment Form

Dear Veteran,

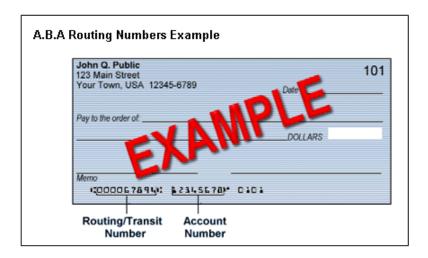
The U.S. Department of Treasury, under 31 CFR Part 208, now requires Federal payments, including beneficiary travel and compensated work therapy, to be made electronically. The information you provide on this from will be used by the Treasury to transmit payment data though electronic funds transfer to your financial institution.

Complete **all** fields in the Information Section below. To return your form, you may:

- **Bring** the completed form to the Portland campus Agent Cashier Office (near the main entrance in the Clinic A waiting area);
- Fax it to PVAMC Fiscal Office secure fax line at (503) 402-2868; or
- Mail to PVAMC, ATTN: Agent Cashier, PO BOX 1037, Portland, OR, 97207

First & Last Name	Social Security	#	
Address	City	State	Zip
Bank Name	City	State	Zip
Routing Transit # Account #			
Circle Account Type: Checking	Savings		
Signature	Phone # ()	

For questions concerning the Electronic Funds Transfer (EFT) process, please contact Fiscal Service at (503) 273-5302.



Date: 03/22/2013